

## Family PACT: Core Services Overview

This section includes an overview of the unique “S” code system for diagnosis of primary core family planning services. This section also contains information about using traditional ICD-9-CM diagnosis codes for related secondary and concurrent conditions.

### PRIMARY CORE SERVICES

#### Primary Family Planning Method-Specific Services

Family PACT primary core services are method specific and are categorized according to nine family planning methods with a primary diagnosis “S” code for each:

<u>S Code</u>	<u>Description</u>
S10	Oral contraceptives
S20	Contraceptive injections
S30	Contraceptive implants
S40	Intrauterine contraceptives
S50	Barrier/Fertility awareness methods
S60	Pregnancy testing
S70	Bilateral Tubal Ligation (BTL) – female sterilization
S80	Vasectomy – male sterilization
S90	Infertility

Each visit requires a method specific primary “S” diagnosis code to indicate the method managed by the services of that visit. Family PACT “S” codes replace “V” diagnosis codes that are used for Medi-Cal claims.

#### “S” Diagnosis Code Suffixes Explained

The fourth and fifth suffix digits in an “S” diagnosis code indicate the following:

- .1 Eval PRIOR to method, with or without initiation of a method
- .2 Maintain adherence and surveillance
- .3 Complications services

See the *Family PACT: Complications Services Overview* [familypact13] and *Family PACT: Diagnosis Codes Listings* [familypact15] sections in this manual for more information about complications.

**Method-Specific Services  
Include Pre-Selected STI  
and UTI Testing**

Each “S” code primary core service includes a pre-selected array of basic Sexually Transmitted Infection (STI) and Urinary Tract Infection (UTI) laboratory services for screening asymptomatic and testing symptomatic clients. Family PACT screening and testing procedures are to be used as indicated by clinical assessment of an individual client’s risk and need. Documentation showing medical justification for the necessity of laboratory screening and testing is required.

Refer to the *Family PACT: Benefits Package – Services and Procedures [familypact16]* section in this manual for a list of pre-selected Family PACT procedure codes.

**SECONDARY CORE SERVICES****Sexually Transmitted  
Infections (STIs)**

The Family PACT Program includes secondary core services for the diagnosis and treatment of Sexually Transmitted Infections (STIs) as related to reproductive health conditions. Reimbursement is limited to procedures selected by the program for each specific STI diagnosis.

**ICD-9-CM Codes**

Secondary core STI services are billed using pre-selected ICD-9-CM diagnosis codes. For more information, see the *Family PACT: Diagnosis Codes Listings [familypact15]* section in this manual.

**Pharmaceuticals**

Pharmaceutical treatment is reimbursable. For more information, see the *Family PACT: Benefits Package – Services and Procedures [familypact16]* and *Family PACT: Pharmacy Procedures [familypact41]* sections in this manual.

**STI Categories**

STI core services are categorized into seven service groups. Designated procedure codes are used to bill treatment and management services for each STI:

- Chlamydia
- Gonorrhea
- Pelvic Inflammatory Disease (PID)
- Vaginitis/vaginal discharge
- Genital herpes
- Genital warts
- Syphilis

Female and male benefits include diagnostic and treatment procedures for secondary STI conditions. These additional services are limited to services identified by the program as necessary for promotion and management of reproductive health. Clients must first be identified as receiving primary family planning services.

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**CONCURRENT CORE SERVICES****Urinary Tract Infection (UTI) and Dysplasia**

The Family PACT Program includes concurrent core services for diagnosis and treatment services of UTI and dysplasia, as related reproductive health conditions. Clients must first be identified as receiving primary family planning services.

Pre-selected concurrent services are limited to services identified by the program as necessary for promotion and management of reproductive health. Reimbursement is limited to procedures selected by the program.

**Females Only**

Concurrent services are for females only.

**ICD-9-CM Codes**

Concurrent core UTI and dysplasia services are billed using pre-selected ICD-9-CM diagnosis codes. For more information see the *Family PACT: Diagnosis Codes Listings [familyfact15]* section in this manual.

**Pharmaceuticals**

Pharmaceutical treatment is reimbursable. For more information, see the *Family PACT: Benefits Package – Services and Procedures [familyfact16]* and *Family PACT: Pharmacy Procedures [familyfact41]* sections in this manual.

**Drug and Supply List**

Providers may dispense drugs for primary family planning method specific core services according to the Family PACT Drug and Supply List. Drug dispensing for core services is restricted to the Family PACT Drug and Supply List. See the *Family PACT: Drug and Supply List [familyfact22]* section in this manual.

Miscellaneous Drugs/Supplies  
HCPCS Code Z7610  
Restrictions

Miscellaneous drugs and supplies for non-surgical procedures are billed with HCPCS code Z7610. This code may be used only by hospital outpatient departments, emergency rooms, surgical clinics, and community clinics. Refer to the *Supplies and Drugs for Outpatient Services* section in the Medi-Cal Outpatient Services manual.

According to Medi-Cal program policy, if a pharmacy provides prepackaged drugs to physician offices for dispensing, the physician may be reimbursed for the cost of the ingredients. Drugs and supplies dispensed by the Family PACT provider must be billed "at cost," the cost to that provider. The price charged to the program shall not exceed that charged to the general public, as defined in *California Code of Regulations* (CCR), Title 22, Section 51513 (14)(b)(A).

Providers may write prescriptions for drug and supplies listed in the Family PACT Pharmacy Formulary. The prescriptions may be filled by any Medi-Cal pharmacy. Contraceptive supplies, including condoms and spermicides, require prescriptions for pharmacy dispensing. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual for more information.

**Pharmacy Formulary**

Pharmacies may use ONLINE/REAL TIME billing for Family PACT drug and medical supply claims. See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual for more information.

**Claim Form Completion**

*HCFA 1500* claim form: Enter the procedure code in the *Procedures, Services or Supplies/Modifier* field (Box 24D), the primary diagnosis code in the *Diagnosis or Nature of Illness or Injury* field (Box 21.1), the secondary diagnosis code in the *Diagnosis or Nature of Illness or Injury* field (Box 21.2) and the concurrent diagnosis in the *Reserved For Local Use* field (Box 19).

*UB-92 Claim Form*: Enter the procedure code in the *HCPCS/Rates* field (Box 44), the primary diagnosis code in the *Principal Diagnosis Code* field (Box 67), the secondary diagnosis code in the *Principal Diagnosis Code* fields (Boxes 68 – 73) and the concurrent diagnosis in the *Remarks* area (Box 84).